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ABSTRACT

Many health and development programs have been initiated for the rural poor in the world, but few have achieved as strong an association with the cultural values of the people as has Dr. Carroll Behrhorst's work in Guatemala. The two major communication thrusts of his health programs are education of the native population, emphasizing self-development and preventive health maintenance, and creation of a network of locally selected and trained natives to treat and educate the people about effective health practices. Dr. Behrhorst believes he can develop a public health plan to aid the rural poor throughout the world and that an ideal program would revolve around seven major reforms: (1) social and economic justice, (2) land tenure for the poor, (3) agricultural product marketing, (4) population control, (5) elimination of malnutrition, (6) health training, and (7) modern curative medicine. Underlying all seven reforms is the premise that people must not be denied the opportunity to develop the full range of their potentials. The environment has shaped the Indians of the Central Highlands of Guatemala; the Indians must learn to use their environment to improve their own health and well-being. (DF)

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Developing Effective Health Communication in Guatemala: The Labor and the Lessons The Behrhorst Health/Development Program

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BACKGROUND.

OBJECTIVES. Although many health and development programs have been initiated for the rural poor world-wide, few seem to have achieved as strong an association with the cultural values of the people as Dr. Carroll Behrhorst's work in Guatemala. The two major communication thrusts of his health programs are the educational empowerment of the native population emphasizing self-development and preventive health maintenance, and second, the creation of a network of locally selected and trained natives to treat and educate the people about effective health practices. Both objectives are directed toward change.

Dr. Carroll Behrhorst believes he can help develop a public health plan to aid the rural poor throughout the world. His programs revolve around seven major reforms, in order of their significance:

Social and economic justice
Land tenure for the poor
Agricultural product marketing
Population control
Elimination of Malnutrition
Health training and
Modern curative medicine (Steltzer, 1983)

Underlying all seven priorities is the conviction that people must not be denied the opportunity to develop the full range of their potentials. Increasing incidences of illness, disease and malnutrition prevail throughout Guatemala. The present range of health problems confronting the rural poor in Guatemala are not much different than those evident in Europe and North America less than 100 years ago. High infant mortality rates, rampant diarrhea, and malnutrition affecting large segments of the young were prominent then as they are today in Guatemala (Latham, 1978). The environment has shaped the Indians of the Central Highlands of Guatemala; the Indians must now learn to use the environment for their own health and betterment.

IMPETUS FOR CHANGE

In 1962, three months after his arrival as a medical missionary in Guatemala, Dr. Carroll Behrhorst, a graduate of Washington University Medical School, opened a small clinic at Chimaltenango, Guatemala in a building rented for $25. On the opening day 125 patients arrived, primarily Cakchiquel Indians who comprise the majority of Guatemala's rural population. During the first few years of his practice Behrhorst travelled the primitive roads between remote villages surrounding Chimaltenango. He observed the health conditions which led to the medical problems patients brought with them to his clinic. He noted that productive land was scarce; only 23% of arable land was cultivated. The great majority of Guatemalan men were tenant farmers who held little hope of owning their own land. In addition, safe water resources were minimal. Perhaps the most pressing problem seemed to be the lack of basic nutritional knowledge which appeared to create many of the existing health problems.

In order to devise a long-range plan to assist the natives, Behrhorst began to supply chickens for a nearby village - a project which had a dual purpose: to provide extra financial resources to local residents, and to contribute much-needed protein to the people's diet. Instructional sessions on nutrition,land use, and health care were soon organized by his staff at the request of villagers. The small project reinforced his belief- " The man who does not plan ways of doing himself out of a job is not doing the job " (Behrhorst in Steltzer, 1983, p. XV).

Behrhorst believes that the health professional moves in the wrong direction when curative medicine becomes the major objective of a program. The attempts to cure illness and disease are like using a teaspoon to drain the Atlantic Ocean. "I have come to believe that much of what I have absorbed here has wide application to the rural poor... who share a common bond forged of poverty, exploitation, disease, malnutrition and land hunger." (Behrhorst in Steltzer, 1983, p. XI). According to a U.S. Agency for International Development study in 1982, Guatemala has the most unequal land distribution in Central America.As Behrhorst sees it, the people must be taught to help themselves.

Behrhorst is convinced that curative health services only deal with surface problems. To treat the illness without teaching people about the origins of the problem is,to Behrhorst, a tragic error in health care delivery systems. He observed that problems of the poor could best be addressed by broad development programs in which people received information of a health preventive nature before experiencing conditions of helplessness and dependence. Together with the aid of cultural health laisons, the people could begin learning to develop concepts of wellness, self- control and initiative, which could lead to effective change in health care.

Behrhorst began to formulate a plan for an expanding network of hand-picked local individuals, who would be trained to interact and educate the people in scattered village settings while treating their common medical problems. The people would be highly visible so they could act as change agents. They would be involved with water projects, literacy programs, family planning and agricultural programs. Less than half of their training would be devoted to direct medical treatment; the remaining time would be spent encouraging people to become more involved in community service. Those with major health problems would be referred to a centrally located health facility. Behrhorst knew that if inferior delivery of services remained as it was, patient distrust and resentment of new ideas and programs would increase. Without improved medical communication, Behrhorst anticipated that the poorer classes might return to their dependance on traditional healers and superstitiously - based health practices. Change was essential but its form had to be carefully planned.

THE HOSPITAL ENVIRONMENT.

The " Hospitalito " (or little hospital) building is situated in Chimaltenango, about an hour's ride from bustling Guatemala City. (The original Main Clinic was heavily damaged by the earthquakes of 1976.) At present only severely ill patients or those unnable to be treated at any of the smaller local clinics are cared for in this busy one -story facility, usually crowded with both people and animals. The modest building is built around a central patio-courtyard, where children play and women cook on open

stoves. The rooms all face into the courtyard. The outer corridors provide additional sleeping space for short-term patients and their families. The whole environment reflects the same informality and openness which characterize Behrhorst and his program.

The hospital is divided by illnesses: different rooms are used to treat patients with different diseases.Many of the patients are "walk-in's" and some are accepted strictly on an out-patient basis, but none are turned away. The preliminary analysis of health statistics at the Hospital indicate (in order of frequency) the following major problems treated: diarrhea, upper respiratory infections,malnutrition,gastro-intestinal problems, and skin infections (Update,1985).

The nonverbal elements of any environment can influence people's perceptions about that space (Mehrabian,1972). Familiarity is one such element which can stimulate a person to feel relaxed and secure, even if the setting is a temporary one. In the case of the Hospitalito, Guatemalans think of it as a larger extension of their simple and familiar housing.

In a land of 4,000,000 people, natural disasters often create health crises which affect large segments of the population. Living in remote areas far from medical help and facilities, it is almost impossible to estimate how many pre-Columbian Indians may be affected. After the earthquakes of 1976, hundreds of people arrived at the Hospitalito and accepted it as "a haven of care and understanding" (Behrhorst Foundation brochure, 1977). It was,to them, a caring and familiar space.

Patients ordinarily come to the hospital daily on foot, some by car, or riding on donkeys. They are usually accompanied by family members who accept the responsibility for providing personal care for them. The family unit is a tight structure within the Guatemalan Culture,and Behrhorst has recognized this condition. Cooking the meals, washing clothes, and dealing with personal care chores are performed by members of a patient's family while in the health environment. In this way the family's life style remains basically unchanged, with both young and old content to be sharing the same environment. This arrangement also keeps health costs at a minimum-$3.00 per day for hospital stays.

The patient remains in control of her/his stay, deciding on its length and the type of treatment to be administered. Some interpersonal difficulties occasionally arise between the Cakchiquel Indians, who are in the population majority, and the smaller group of Ladinos who also live in the area. (Ladinos either have Spanish blood or have adopted Western behaviors). Language difficulties between Ladinos patients and Indian nurses often create the need to use Ladino assistants from neighboring villages, especially for the patient-staff discussions on topics related to the prevention of illness, and more effective nutrition. Generally though, Indians and Ladinos remain within their own cultural group. Equality as a cultural ideal seems a remote possibility between the two groups at present. (Portnoy, 1985).

CAKCHIQUEL INDIANS.

For 400 years the Indians were taught to distrust all white men, yet in only three years their trust was given to Carroll Behrhorst. In 1962, he

became the first American to be licensed by the Guatemalan Examining Board. At that time he decided to create a program for people he views as "the most perfect of humans... The Indian knows that it is essential that a man experience for himself-that he enjoys himself. That's the pre-requisite for having feelings for other people." (Brockhoff, 1971).

Controlled by the Spanish conquistadores for more than twenty generations of their descendents, the Cakchiquel Indians of the highland plateau " have never been fully integrated into the Hispanic society that dominates national politics. Successive military governments have used repression and intimidation to prevent the political and social mobilization of both the rural and urban poor... The lower classes have seen a steady deterioration of their living standards" (Harper, 1985, p. 5). Little wonder that under such poverty and in the unstable political climate, health and sanitary conditions have such a low priority.

The infant mortality rate is one of the highest in the world. More than half of all children under five suffer from severe malnutrition (Brockett, 1984). Respiratory infections, malnutrition, and intestinal disorders are the major causes of death. Laboring to sustain themselves by working the impoverished land, the Indians accept their lifestyle with a fatalistic attitude that has marked their culture for generations.

As the direct descendants of the Mayans, the Cakchiquel Indians are a proud, self-confident people who have a 5000 year old culture in this area of Central America. Fifty-five percent of the people in Guatemala are Indian (Nazario,1985). They call themselves "Naturales," nature's people, and have little interest in other than their own lifestyles. (Behrhorst,1985). The high mountains and rocky terrain have helped to isolate them from Western beliefs and practices. When illness and disease force them to leave their villages to seek the main clinic or Hospitalito, most of them travel the long distances willingly, over twisting, narrow roads to consult with Behrhorst and his staff. In spite of the hardships in their lives, the people appear to enjoy one another and are accepting of whatever befalls them.

Three basic values in their culture are concerned with: (1) Self respect or the ethical decision- making process which leads to action, (2) Harmony - the existence of peace and balance between the people and the spiritual world, and (3) Dignity- which concerns finding one's 'place' in the community (O'Connor,1985). These values underlie all of their work.

A large majority of the farmers are tenant farmers who hold little hope of acquiring land of their own. Farmers hope to be able to produce enough corn from each harvest to supply their families with tortillas until the next harvest. It is a measure of a man as to how well he is able to provide. As male children age, the family plot of land, no matter now small, is divided among them. Through land reform programs Behrhorst hopes to decrease the incidence of disease directly attributable to limited agricultural production, poor nutritional habits and scarcity of protein. "Indeed, land hunger is at the root of almost every major problem in these Indian Highlands" (Steltzer, 1983, p. XXXV).

WORK AND HEALTH. The environment shapes the people; not the reverse. The barren land often forces whole families to uproot themselves several times during

the year to find employment nearer the coast. On the ride from the hot coastal areas back to home villages in the mountains via an open truck, extremes in weather commonly create disastrous health consequences for the families. Fatal cases of pneumonia are contracted by the children, and other difficult health problems are created for older family members. To move so frequently is not taken as a serious concern for, as one farmer admitted: "...only the straw on the roof is mine "(Steltzer, 1983, p. 28). His statement underscores the need for aggressive programs to secure land for the people. Ownership of the land is one of the first priorities in Behrhorst's goals for the rural poor of Guatemala.

When a farmer moves from his home community the original earth is not improved during that time period. Health workers and extension agents try to teach new and improved methods of agricultural production, but tenant farmers know that adopting such ideas encourages landlords to raise the rent, creating an impossible financial condition for farmers. Consequently, few Guatemalans are eager to adopt new methods to improve land which is not their own.

Just as Americans believe 'in the work ethic' so, too, do rural Guatemalans. To have a good and healthy life is to be able to work hard. The rewards lie in the respect of others and the development of self-esteem. The individual is secure in the knowledge that by working hard he or she is helping others. Prestige is also gained by contributing to the community through hard work. At prescribed times of the year, individuals with extra resources or special abilities are encouraged to contribute monetarily toward community needs.

The "good life" in the Indians' view assumes that men are able to work hard on the land to provide for their family. Health, therefore, is defined as having the ability to work hard (O'Connor, 1985). When a person is unnable to work, the remaining family members take over the labor and minister to his needs. Many Indians prefer to be helped by health workers of their own kind rather than having to rely on a non-Indian. Using this preference, Behrhorst developed an organization of local "health promoters" who are sensitive to local cultural values and practices. Health problems of a relatively common nature come under the health promoters' local jurisdiction, and anything which interferes with a person's ability to work is seen as a disruptive influence.

Whatever causes physical imbalance in an individual is also interfering between the person and the spiritual world. If not resolved, the person must accept the inevitable result-illness or even death. Death is accepted stoically as a consequence of warring factions between the actual environment which includes the person and work, and the spiritual world which people cannot control.

Although promoters use simple medications which provide minimal risk to patients, their primary responsibility is to encourage an awareness of preventive medicine among the natives. In the past, when people became ill the traditional healer was expected to take the time to discuss at length the imbalance and disharmony created. The healer could then feel armed to battle any evil elements in order to restore harmony within the individual's body.

Meagre finances of the natives were quickly spent on temporary cures which the Indians were told would bring immediate relief so they could return to work. At the local pharmacies,they were given vitamin injections which had little or no effect on disease and illness. In 1967 alone, forty million dollars was spent by the people on pharmacy medicines with few successful cures reported (Cominsky, 1980; Portnoy, 1985).

Behrhorst saw his health promoters in a much more trusting relationship with the people. In time, he hoped they could change beliefs about the hidden power of treatments like injections.

THE INDIAN FAMILY.

In "The Land of Eternal Spring" almost every family has known the sorrow of a child's death. Stoic acceptance of this possibility is part of a Culture where approximately half of all children die from malnutrition, (Portnoy, 1985). Behrhorst believes that the dispensing of family planning information and awareness of the high mortality rates is irrevocably tied to establishing good nutritional habits for the population.

In Behrhorst's program, women as well as men are trained to serve as community extension workers,travelling between villages to observe and demonstrate effective health practices. They become communication change agents, transmitting essential information to the people. They are readily accepted because their language and dress are familiar to the people.

In Guatemalan clothing, the weave patterns and selected colors are immediately recognizeable as belonging to a particular village. Although Guatemalan men wear more Western-style clothes, the blouse or shirt, which is a common native article of clothing, is hand-made by the women in about three months time. While the women and girls weave the clothing, the boys go out in the fields with the men, learning to work the land. In Guatemala, children are expected to imitate the work roles of their parents. Behrhorst's highly controversial Agrarian program strives to help the rural families primarily. It is based on a land loan program initiated in 1970. The Foundation offers long-term loans to groups of farmers who want to buy their own land. The connection between nourishment of the land and nourishment of people is acknowledged as a major goal behind this innovative land reform program.

Families with many children view them as additional resources to help with the work. Children are independent at an early age and are taught to have realistic and appropriately narrow expectations as to what life will hold for them. Malnutrition takes its toll heavily on the children of Guatemala yet in spite of this condition,the support and affection they receive from intimate others is reflected in their warm and cheerful behavior.

Almost every aspect of public health in Guatemala is directly concerned with the environment -the land- and its potential to feed those who depend upon it for survival. For a people who have experienced civil and political unrest most of their lives, it is perhaps inevitable that they believe they cannot be responsible for the "evil winds" which come. They prefer hard physical labor to the contemplation of an easier life. Their affection and support for one another, whether in the fields or at the health clinics, is constant.

For Westerners, Indian behavior appears totally unpredictable. They have been taught to offer a response which a stranger desires. When they tell a person exactly what they believe the individual wants to hear, they are protecting themselves by maintaining their innermost feelings. Guatemalans are also fiercely proud of their Mayan history and see little value in changing their traditional values for modern Western ones. Despite a natural suspicion of Westerners, Dr. Behrhorst has managed to gain the Indians trust and respect by weaving the Guatemalan family into his health and development program. Just as the multi-colors of their clothing subtly move in and out of interesting designs, Behrhorst has woven the family unit into his health delivery system. The manner in which ill family members are cared for by the other family members is a convincing example of their belief that they are receiving the best care from two sources - modern health professionals and family members.

HEALTH PROMOTERS.

Communication research suggests that the more homophilous (similar) we believe others to be in terms of attitudes, appearance, and behavior, the more our perceptions of liking and immediacy (psychological closeness) are influenced affirmatively. Using Indians as "health promoters" encouraged the Indian population to view them as trusted and familiar friends to whom they can turn for health advice and assistance in their local areas.

In America, the mystique surrounding the physician is accepted without much reservation. Patients often feel insecure when treated by a health professional without the status-filled initials (M.D.) attached to a name. Similar perceptions of power and credibility have traditionally been associated with the healer in Guatemala. Despite these strong beliefs, Behrhorst decided to create a local health talent pool drawn from the native population. Their responsibilities include acting as a cultural bridge between traditional beliefs and practices and modern health programs and treatments.

Today, over fifty communities boast of more than seventy health promoters (Steltzer, 1983). Their strength lies in the fact that they know the culture intimately and are able to assess how best to communicate needed information. One health promoter is quoted as saying: " I enjoy working for my people... They trust me because I am one of them and speak the same language. I had only 3 years of primary school. I would have liked to go on but I need to work " (Steltzer, 1983, p. 11). Often what promoters lack in formal education they make up in interest and willingness to serve their people.

Chosen by local betterment committees in each village, promoters are accountable to their committee and their community. The training they receive allows them to treat only common medical disorders. If the problem is severe, they refer patients to the main clinic or hospital in Chimaltenango. The Main Clinic staff,plus two Guatemalan doctors,are available most of the time and work with Dr. Behrhorst who serves as medical adviser. In their unique position,health promoters have both the respect of their people and other health promoters. In the fullest sense of the phrase they are "community health workers."

Their ties to the Main Clinic are strengthened by the required weekly visits to Chimaltenango. This part of Behrhorst's Training Program is based on the belief that practical observation of actual patients is essential." We usually do not speak of diseases as such but rather talk of the patients' symptoms, since symptoms have meaning while diseases do not." (Behrhorst in Steltzer, 1983, p. XIX). Behrhort's insistence on bringing health promoters together periodically helps to provide a sense of continuity and uniformity of program goals. Periodic examinations are taken by promoters to ensure a current awareness of medical information.

The organization of health promoters follows previous tradional reliance on medicine men and a pharmacist, who dispensed medicine dictated by the medicine men. Currently, the health promoter takes on both roles as diagnostician, educator, and peer supporter. It has been estimated that each promoter sees at least 1000 patients yearly (Steltzer, 1983, p. XX).

Until 1979, promoters had relatively free access to patients and local travel. Their position required them to visit people scattered throughout remote local sites. A poitical upheaval in the country between 1979 - 1982 made health promoters the targets of unrest and violence. Because of their close relationship with the people they were viewed as threatening agitators for social change. During this period approximately half the promoters disappeared or were killed.

Slowly the original organizational network of promoters has been re-built as the country's political situation has moderated. Change and progress in the adoption and application of modern health practices is becoming evident in some of the villages. Health promoters and field extensionists work together. Realistically, Behrhorst and the promoters believe that real change requires "patience and committment" which cannot be achieved as a short-term goal (Steltzer, 1983, p. XXXV).

HEALTH COSTS.

Health promoters have their own purchase co-operative which keeps medical costs low for the population. Treatment and medicine may cost up to two or three quetzals (two-three dollars). Though these appear meagre costs in comparison with American medical fees, for the rural poor in Guatemala such amounts are often threatening. Most patients insist on contributing something toward medical services in order to bolster feelings of pride, dignity and self-respect.

Today in Guatemala, the Indians still believe anything which enters the body (via injections or intravenous feedings) is a healing agent with power to restore harmony to the individual's body. The opposite is true of any substances removed from the body which are believed to destroy the delicate balance of internal health. (A common example is taking blood from a patient, which must be preceeded by carefully-planned persuasive strategies directed at the patient's belief system.) The necessity to convince Indian patients that shots and intraveous applications are not an inevitable part of every treatment is a significant problem which Behrhorst and the health promoters deal with constantly.

One of the far-reaching objectives of medical treatment, which the Behrhorst staff emphasizes, is to wean the people away from their extreme dependence on injections. Many patients express dissatisfaction with their

medical treatment when they are not given an injection. (When intravenous feeding is necessary they may attempt to speed the rate of the drip, in the belief that the quicker the external substances are absorbed into the body, the faster the rate of their recovery.)

COMMUNICATING WITH PATIENTS.

Taking the time to understand cultural beliefs, Behrhorst continually seeks to integrate many of them into his health care delivery system. At present, researchers working with Dr. Behrhorst are experimenting with non-chemical pain relievers drawn from natural elements (plants, flowers, trees) which may be safely administered and accepted by the majority of the population.

Allowing patients to discuss feelings about their illness and its possible causes has provided valuable lessons for the health care team. When consulting with patients,a treatment room often looks like a community project. Family, other patients,staff members, and the patient interact to find satisfactory choices for the sick person. Behrhorst believes the people should be encouraged to take an active interest in one another's condition to strengthen interpersonal support for each other.

Promoters are urged to practice active listening skills to reassure patients that they can supervise their own treatment and general health condition. In a sense, each staff member becomes a communication therapist and a potential healer. The promoter learns how to pose appropriate questions which reveal important information about the patient's lifestyle. Personal details and cultural values are associated in the promoter's mind with the selection of appropriate health strategies to be shared with each patient.

When Dr. Behrhorst is the attending physician, his calming influence on patients of all ages is immediately apparent. The people know he is genuinely interested in information they share with him. The respect he displays for their cultural beliefs is also evident by his desire to participate in many ritual occasions and activities.In the Guatemalan Highlands Behrhorst is affectionately called "El Doctor Gringo."

Behrhorst is constantly touching his patients and making use of nonverbal directness to communicate his desire to help them. Usually with one hand on the patient's chest, Behrhorst holds the gaze directly, speaking with a soft and sympathetic tone quality. Each patient realizes that the doctor will spend as much time as is necessary listening to the patient's recital of problems. Everyone is listened to in an unconditionally-accepting manner. Discrepancies between the rich and the poor, Ladinos and Indians, the powerful and the weak are non-existent. Behrhorst and his staff do not take sides; they support the people. (O'Connor, 1985).

Because everyone knows how interested Behrhorst and his staff are in their concerns, the people who line up at the clinics or in the open courtyards outside the Hospitalito are calm and positive in their attitudes. They have accepted the fact that their ideas will be heard, and they will have input in their treatment. Unlike the American medical delivery system, patients under Behrhorst's program remain in complete control of their diagnosis and treatment. If they dislike any aspect of the health service

prescribed, they have the right to ignore or refuse it. Trust in their fellow health promoters remains at the heart of any acceptance of the health care treatment.

PROGRAM GOALS.

Behrhorst explains the goal for his medical program as the delivery of health care services "...to patients on their own terms. The less need there is for professional health services, the stronger the local health promoter program can be." (Behrhorst in Steltzer, 1983, p. XXIX). In Behrhorst's view, each patient deserves the right to control her/his own physical well-being. "...medicine should be practiced for the benefit of the patient in a manner acceptable to him, and with the patient participating in the decision-making on what is to happen to his health and his life." (Behrhorst in Steltzer, 1983, p. XX).

Behrhorst remains justifiably proud of the fact that in 1975 his clinic and program were selected by the World Health Organization as the model for health care delivery for rural nations. For the past 25 years he has worked to develop his health and development program to assist the rural poor in Guatemala. Before his arrival in the country no one had supported the people or listened with genuine concern to their problems, or encouraged and instructed them. Behrhorst has done all of these things.

In 1967, the American umbrella organization of the Behrhorst Foundation was established. A Board of Directors handles policy matters and works closely with an Employees' Coordination Council to aid in securing financial resources and disseminating information about the program's objectives. The Foundation and the Guatemalan health and development projects have exerted a stability of purpose which has long been missing in the delivery of health services in this region of Central America.

EMPOWERMENT.

The more local support Behrhorst establishes, the more secure will be the fate of the Guatemalan poor (Steltzer, 1983). Thirty thousand patients are treated annually by the Behrhost staff. It is unfortunate that the delivery of these health services has been viewed as a threat to certain political elements within the Country. The simple fact remains that a sick population will not vote. If people are healthy and secure they will work to support their families as well as the government which can empower them (Portnoy, 1985).

Thus, empowerment is the oppositive of dependency (the state of external reliance upon others to provide one's well-being). When a people's conscience is aroused, individuals become sensitive to the power within themselves to shape their own destiny. They become students, to be taught how to reshape the environment to maximize the quality of their lives (Freire, 1970; Steltzer, 1983). Recognizing the well-springs of their own power reinforces the ideals of self-help. As Behrhorst sees it, the people must seek their own strengths in order to help themselves. The object of Dr. Behrhorst's health and development work has been to give the rural poor in Guatemala the educational conviction that they can be responsible for change in their own lives. This is applicable to social, economic, and land reform programs as well as it is to the health care system.

"In poor areas of the world, as elsewhere, medicine must be practiced for the benefit of the patient, not for the convenience and welfare of the doctor." (Behrhorst in Steltzer, 1983, p. XXXII). As far as Behrhorst is concerned, public health begins and ends with a community dialogue between patients and health providers, with the latter doing most of the listening and the former discussing the personal health problems as he/she knows them best.

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